

Candidate

NEW ZEALAND AUDIOLOGICAL SOCIETY REGISTRATION FOR CCC-NZ.

January 2010

SECTION A1: APPLICATION FOR AUDIOLOGISTS WITH AN OVERSEAS RECOGNISED CCC TO REGISTER FOR CCC-NZ.

NAME: _____

WORK ADDRESS:

HOME ADDRESS

TELEPHONE _____

E-mail address _____

Mandatory

QUALIFICATIONS Degree/Diploma

University

Date

EXPERIENCE: (Relevant to Audiology)

APPLICANT NOMINATED BY: _____
(Signed, Full Member NZAS, CCC) (Print Name also please)

APPLICANT SECONDED BY: _____
(Signed, Full Member NZAS, CCC) (Print Name also please)

APPLICANT'S SIGNATURE: _____

DATE: _____

YOU MUST HAVE A SUPERVISOR TO HELP YOU THROUGH THIS PROCESS, PLEASE NOMINATE A PERSON TO BE YOUR SUPERVISOR (must be MNZAS):

Supervisor's Name

Supervisor's Approval Signature

Official start date will be the date NZAS receives (subject to approval of the application) this application form. PLEASE NOTE YOU HAVE 3 YEARS MAXIMUM FROM THAT DATE TO COMPLETE YOUR CCC

Please Note:

The current fee is \$1725 (includes GST), \$225 to be paid on registration (non-refundable) and \$1500 examination fee. If an applicant needs to resit the CCC examination they will be required to pay a resit fee of \$1500.

PLEASE DO NOT SEND MONEY YET – AN INVOICE WILL BE SENT TO YOU.

OVERSEAS CANDIDATES MUST SUPPLY CERTIFIED COPIES OF THE FOLLOWING WITH THIS APPLICATION:

1. Assessment Report from NZQA
2. Course Transcripts and Descriptions
3. Copy of Audiology Qualification
4. Evidence of Clinical Hours completed during the Course.
5. Copy of CCC

Occasionally we may need to discuss your NZQA report with NZQA and require your permission to do this. This could allow your application to be processed in a shorter time therefore we would appreciate it if you could sign the form below.

I give NZQA permission to discuss my details and application with the New Zealand Audiological Society.

Signature **Date**

PLEASE MAIL TO: The Convenor, Membership and Clinical Supervision Subcommittee
NZ Audiological Society, P O Box 9724
Newmarket, AUCKLAND

PLEASE SEE FAST TRACK EXAMINATION DOCUMENTATION FOR FULL DETAILS OF THE REQUIREMENTS AND PROCESS.

New Zealand Audiological Society (NZAS)
Code of Ethics and Constitution Agreement Form

I, _____
(Full Name)

of _____
(Address)

agree to the following terms:

1. I agree to abide by the NZAS Constitution and Code of Ethics
2. I acknowledge that the NZAS may take disciplinary action against me if I breach the Code of Ethics. I understand that the NZAS is required to implement a complaints handling procedure in accordance with the principles of natural justice in the event of an allegation against me.
3. I acknowledge that disciplinary action against me for a proven or established breach may include revocation of my membership to the NZAS depending on the seriousness of the breach.

Signature: _____

Date: _____